

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20037

1153

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00375360

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2011

through

05

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Carlton G. Davids

Signature of Treasurer

Electronically Filed by Carlton G. Davids

Date

06

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	66368.13
(b) Cash on Hand at Beginning of Reporting Period	134817.03	
(c) Total Receipts (from Line 19)	29671.03	242759.59
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	164488.06	309127.72
7. Total Disbursements (from Line 31)	19215.59	163855.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	145272.47	145272.47
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	5	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	23281.56	192144.52
(ii) Unitemized	4344.81	43005.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)	27626.37	235150.28
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	27626.37	235150.28
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	2044.66	7609.31
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	29671.03	242759.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29671.03	242759.59

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1715.59	7605.25	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1715.59	7605.25	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	154000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	2250.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2250.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19215.59	163855.25	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19215.59	163855.25	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	27626.37	235150.28
34. Total Contribution Refunds (from Line 28(d))	0.00	2250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27626.37	232900.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1715.59	7605.25
37. Offsets to Operating Expenditures (from Line 15, page 3)	2044.66	7609.31
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-329.07	-4.06

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark F. Aaron, M.D., F.A.

Mailing Address 2507 Belmont Blvd

City

Nashville

State

TN

Zip Code

37212-5505

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. Thomas Heart

Occupation

ADULT CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	1	1

Transaction ID: BA5EAED350253E817CD

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jamil A. Aboulhosn, M.D., F.A.

Mailing Address 11701 Texas Ave
73.3

City

Los Angeles

State

CA

Zip Code

90025-1601

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

ADULT CONGENITAL CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	1	1

Transaction ID: D50429397EA47CEBECA

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Jay H. Alexander, M.D., F.A.

Mailing Address 2256 Carlyle Ct

City

Buffalo Grove

State

IL

Zip Code

60089-4695

FEC ID number of contributing
federal political committee.**C**Name of Employer
North Shore Cardiologists,
SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	3	/	2	0	1	1

Transaction ID: 45EABB3BABF1A7FE80E2

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1565.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jay H. Alexander, M.D., F.A.

Mailing Address 2256 Carlyle Ct

City

Buffalo Grove

State

IL

Zip Code

60089-4695

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Cardiologists,
SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 4A909B8D2CBB35A4978C

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

John R. Bates, M.D., F.A.

Mailing Address 15901 Billiter Ct

City

Westfield

State

IN

Zip Code

46074-8867

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Care Group LLC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: 5268F76146E12C66C2B

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Joe Knight Bissett, M.D., F.A.

Mailing Address PO Box 7374

City

Little Rock

State

AR

Zip Code

72217-7374

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAMS Dept of MedicineCent-
ral AR VA Hos

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 3D497BA417D6A460FEE

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Selvyn B. Bleifer, M.D., F.A.

Mailing Address 414 N Camden Dr
Ste 1100

City	State	Zip Code
Beverly Hills	CA	90210-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Medical Gr-
oupOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	1	1

Transaction ID: 3C51F45FDF587BA1778

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Ralph G. Brindis, M.D., M.P.

Mailing Address 1410 Monterey Blvd

City	State	Zip Code
San Francisco	CA	94127-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakland Kaiser Medical Ce-
nterOccupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	8	/	2	0	1	1

Transaction ID: 422597FE1B3DA2500EF5

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Alan S. Brown, M.D., F.A.

Mailing Address 1912 Alta Vista Ct

City	State	Zip Code
Naperville	IL	60563-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Heart Specialists-
Edward HeartOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	0	/	2	0	1	1

Transaction ID: 4FE9A3C87435A17DA7EF

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

565.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joseph G. Cacchione, M.D., F.A.

Mailing Address 5740 Hickory Knoll Ct

City

Fairview

State

PA

Zip Code

16415-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Founda-
on

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

806.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	1

Transaction ID: 40FAB6D3FE9890509E8A

Amount of Each Receipt this Period

111.12

B.

Full Name (Last, First, Middle Initial)

Hollace D. Chastain, II, M.D.,

Mailing Address 1819 Braemar Dr

City

Fort Wayne

State

IN

Zip Code

46814-9364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	1

Transaction ID: 4A70B682288BB2FA196C

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Edward J. Choi, M.D., F.A.

Mailing Address 1 Chelsea Ave
Apt 420

City

Long Branch

State

NJ

Zip Code

07740-8111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Cardiology, LLC

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	1

Transaction ID: 274B19A339C73C5FE83

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

576.12

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bernard A. Clark, III, M.D.,

Mailing Address 95 Johnny Cake Ln

City

Glastonbury

State

CT

Zip Code

06033-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Hospital and
Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	1	1

Transaction ID: 4423847917A763D730C9

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Lianna S. Collinge, B.S.

Mailing Address 4014 88th Ave NW

City

Gig Harbor

State

WA

Zip Code

98335-6157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Chapter of the
ACC

Occupation

Cardiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	8	/	2	0	1	1

Transaction ID: 4ED9B338ABDEC5CC3AA4

Amount of Each Receipt this Period

88.00

C.

Full Name (Last, First, Middle Initial)

George H. Crossley, III, M.D.,

Mailing Address 276 Stratton Pl

City

Brentwood

State

TN

Zip Code

37027-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	8	/	2	0	1	1

Transaction ID: 4F0A81306E0F3F14F690

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

388.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Berge J. Dadourian, M.D., F.A.

Mailing Address 3121 S Maryland Pkwy
Ste 512

City	State	Zip Code
Las Vegas	NV	89109-2310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Cardiology Associa-
tesOccupation
INTERNAL MED.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	1	1

Transaction ID: F86E3D63C00217E29FC

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John U. Doherty, M.D., F.A.

Mailing Address 432 Pine St

City	State	Zip Code
Philadelphia	PA	19106-4214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	1	1

Transaction ID: C5675996047366184AC

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dale E. Edlin, M.D., F.A.

Mailing Address 3 Hickory Hills Ct
Ste 101

City	State	Zip Code
Holmdel	NJ	07733-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dale E Edlin, MD, LLCOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	1	1

Transaction ID: FCFD62338B6B02CC2B9

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ziad M. Elghoul, M.D., F.A.

Mailing Address 2595 S Sean Dr

City

Chandler

State

AZ

Zip Code

85286-4370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	1	1

Transaction ID: 19B9CF28749F37DC22F

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Blair D. Erb, Jr., M.D.,

Mailing Address 905 Highland Blvd
Ste 4330

City

Bozeman

State

MT

Zip Code

59715-6901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Consultants of
Bozeman

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	8	/	2	0	1	1

Transaction ID: 42FEBB8D99BB34E5C2CE

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Chester J. Falterman, M.D., F.A.

Mailing Address 1458 Avellino Cir

City

Murfreesboro

State

TN

Zip Code

37130-7608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: 4FE69A12C6C3CE27C3EC

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

538.33

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James W. Fasules, M.D., F.A.

Mailing Address 2718 Stephenson Ln NW

City

Washington

State

DC

Zip Code

20015-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer
American College of Cardi-
ology

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	1	1

Transaction ID: 43FAA459E08431E35E01

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Kevin Fitzpatrick, PA-C

Mailing Address 2400 N St NW

City

Washington

State

DC

Zip Code

20037-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer
American College of Cardi-
ology

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: 4870A0B5170196C64C18

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Gordon L. Fung, M.D., F.A.

Mailing Address 1600 Divisadero St
1609

City

San Francisco

State

CA

Zip Code

94115-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCSF Medical Center at Mt.
Zion

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	7	/	2	0	1	1

Transaction ID: 420BBA0FED0A761B1E3E

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

250.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael F. Gilson, M.D., F.A.

Mailing Address 100 Prospect St

City

Providence

State

RI

Zip Code

02906-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: 40D4B1D3556796EF37F8

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Donald D. Glower, M.D., F.A.

Mailing Address 205 Madera Ln

City

Chapel Hill

State

NC

Zip Code

27517-8346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke University Medcl Ctr-
Private Diag

Occupation

CARDIOVASC. SURG.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 5C33984B220E64BB152

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Maruthi V. Gottimukkala, M.D., F.A.

Mailing Address 1613 Arrowhead Pt

City

Virginia Beach

State

VA

Zip Code

23455-4407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Consultants Ltd

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: 3DCEFA8A9C435B6F4B6

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Peter R. Gray, M.D., Ph.D

Mailing Address PO Box 4860

City

Queensbury

State

NY

Zip Code

12804-0860

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adirondack Cardiology Ass-
oc., PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	1	1

Transaction ID: 41D3A2374CC27D1FF9D5

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Thomas G. Higgins, M.D., F.A.

Mailing Address 1604 Farley Rd

City

Whitehouse Station

State

NJ

Zip Code

08889-5038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	6	/	2	0	1	1

Transaction ID: 091A8D63A2A160F74EB

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jerome L. Hines, M.D., Ph.D

Mailing Address 11 Salt Creek Ln
Ste 2

City

Hinsdale

State

IL

Zip Code

60521-3032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Heart & Vascular

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	1	1

Transaction ID: 486EBDC074C91A2A4A2D

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

433.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jack T. Hopkins, Jr., M.D.,

Mailing Address 7460 Wolf River Blvd

City

Germantown

State

TN

Zip Code

38138-1760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sutherland Cardiology Cli-
nic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: C00B2025953F77154E3

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Timothy Gihan Jayasundera, M.D., F.A.

Mailing Address 515 E 72nd St
Apt 24C

City

New York

State

NY

Zip Code

10021-4022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU Medical Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: D5C9DB81EC169B2E31D

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Robert L. Jobe, M.D., F.A.

Mailing Address 3000 New Bern Ave
Ste G100

City

Raleigh

State

NC

Zip Code

27610-1231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Heart Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: 7C5A1B6749E6820295D

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard E. Katholi, M.D., F.A.

Mailing Address 1989 Outer Park Dr

City

Springfield

State

IL

Zip Code

62704-3387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prairie Cardiovascular Co-
nsultants Ltd

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: CCC060C235819136E38

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

R. Stefan Kiesz, M.D., F.A.

Mailing Address 343 W Houston St
Ste 1005

City

San Antonio

State

TX

Zip Code

78205-2269

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Antonio Endovascular &
Heart Insti

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 570AA65D62A2DDC0EB7

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Thomas L. Kilgore, Jr., M.D.,

Mailing Address 772 Old Agency Rd

City

Ridgeland

State

MS

Zip Code

39157-9418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

VASCULAR SURGERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 037A23A1B4C8124EBC4

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ronald P. Koepke, M.D., F.A.

Mailing Address 307 Park Ave

City

Monroe

State

LA

Zip Code

71201-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: B82F2A3789DEFEE3283

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Marvin A. Konstam, M.D., F.A.

Mailing Address 800 Washington St
315

City

Boston

State

MA

Zip Code

02111-1552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts - New England Medic-
al Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: D31750B5DB9995FB8C7

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Steven E. Kornberg, M.D., F.A.

Mailing Address 10 E New York Ave
Ste 2

City

Somers Point

State

NJ

Zip Code

08244-2367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shore Heart Consultants,
LLC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: 45349AEDE4114CD2F3A5

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)

1041.66

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stamatis Lerakis, M.D., F.A.

Mailing Address 1365 Clifton Rd NE

City

Atlanta

State

GA

Zip Code

30322-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory Clinic, Inc.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	1	1

Transaction ID: A48E2B135CDE0CB778F

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jack Lewin, M.D., F.A.

Mailing Address 2400 N St NW

City

Washington

State

DC

Zip Code

20037-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer
American College of Cardiology

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	8	/	2	0	1	1

Transaction ID: 45F9AA0048FF28A254F6

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Sandra J. Lewis, M.D., F.A.

Mailing Address 5342 SW Hewett Blvd

City

Portland

State

OR

Zip Code

97221-2254

FEC ID number of contributing
federal political committee.

C

Name of Employer
NW Cardiovascular Institute

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	8	/	2	0	1	1

Transaction ID: 49039960F8D288246010

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

433.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Melissa Lynn McKernan, M.D., F.A.

Mailing Address 1409 Ridge Rd

City

Lancaster

State

PA

Zip Code

17603-4735

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Heart Group

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: 78385705BFB14630034

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Michael J. Mirro, M.D., F.A.

Mailing Address 2005 Prestwick Ln

City

Fort Wayne

State

IN

Zip Code

46814-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology Cor-
poration

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 1 1

Transaction ID: 47CBB986A26C0F66302F

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Laura A.M. Murphy, M.D., F.A.

Mailing Address 9963 Trailridge Dr

City

Shreveport

State

LA

Zip Code

71106-7678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 09E76CD79538759274E

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

830.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John A. Nash, M.D., F.A.

Mailing Address 516 Overhill Dr

City

Saint Louis

State

MO

Zip Code

63130-4149

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. John's Mercy Heart and
Vascular

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	1

Transaction ID: 4EBDF923377FD46F8E9

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Joel M. Phares, M.D., F.A.

Mailing Address 3105 Stadium Court

City

Franklin

State

MS

Zip Code

39532

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

INVASIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	1	1

Transaction ID: E4D04B063B4A68B8BCA

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David J. Pinnelas, M.D., F.A.

Mailing Address 2 Hopi Ct

City

Manalapan

State

NJ

Zip Code

07726-4628

FEC ID number of contributing
federal political committee.**C**Name of Employer
Shore Heart Group

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	6	/	2	0	1	1

Transaction ID: 4F4084FE86D293297857

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)

791.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James B. Powers, M.D., F.A.

Mailing Address 11 Bowdoin Dr

City

Falmouth

State

ME

Zip Code

04105-2557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Cardiology Associat-
es

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

638.89

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 1

Transaction ID: 4502A8362CF3B428DD15

Amount of Each Receipt this Period

111.12

B.

Full Name (Last, First, Middle Initial)

James B. Powers, M.D., F.A.

Mailing Address 11 Bowdoin Dr

City

Falmouth

State

ME

Zip Code

04105-2557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Cardiology Associat-
es

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

638.89

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: 437A8D758013948F7239

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Srinivas Prasad, M.D., F.A.

Mailing Address 6695 Arroyo Dr

City

Viera

State

FL

Zip Code

32940-8514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brevard Cardiology

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 1536435BAD7D2DCF577

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

559.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael E. Robertello, M.D., F.A.

Mailing Address 6 Commons St

City

Rutland

State

VT

Zip Code

05701-4651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 581903E1130A744B486

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

George P. Rodgers, M.D., F.A.

Mailing Address 2441 Westlake Dr

City

Austin

State

TX

Zip Code

78746-2950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biophysical Corporation

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 1 1

Transaction ID: 475992F8825076FDBCD3

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

David A. Rosenbaum, M.D., F.A.

Mailing Address 2835 Halleys Ct

City

Colorado Springs

State

CO

Zip Code

80906-1067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pikes Peak Cardiology

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 1

Transaction ID: 4DBF8E11A52DD0764541

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

490.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Florence G. Rothenberg, M.D., F.A.

Mailing Address 222 Reily Rd

City

Cincinnati

State

OH

Zip Code

45215-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Cincinnati

Occupation

CARDIOVASCULAR RESEARCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	1	1

Transaction ID: 4F9CB096B0B55285ED76

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

John S. Rumsfeld, M.D., Ph.D

Mailing Address 1055 Clermont St
Cardiology (111B)

City

Denver

State

CO

Zip Code

80220-3808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Denver VA Medical Center /
University

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: 44979D369C16FB36C609

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Mehrdad Salamat, M.D., F.A.

Mailing Address PO Box 6247

City

Corpus Christi

State

TX

Zip Code

78466-6247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Driscoll Physician Group

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	1

Transaction ID: 8FF10CF944F416BAAA9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

531.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Leonard Savino, M.D., F.A.

Mailing Address 31 Willowbrook Dr

City

Caldwell

State

NJ

Zip Code

07006-4411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: A9DF755E629502D82FE

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John F. Schmedtje, Jr., M.D.,

Mailing Address 2619 Avenham Ave SW

City

Roanoke

State

VA

Zip Code

24014-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roanoke Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: 5F775074C8818DE415B

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Michael K. Schroyer, RN, A.A.C.

Mailing Address 9065 Pebblepoint Cir

City

Zionsville

State

IN

Zip Code

46077-8992

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Vincent Heart Center
of Indiana

Occupation

ADMINISTRATION

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 1

Transaction ID: 4310A94DAAE352E42EA7

Amount of Each Receipt this Period

88.00

SUBTOTAL of Receipts This Page (optional)

1588.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Fortunato Fred Senatore, M.D., Ph.D

Mailing Address 991 Tullo Farm Rd

City

Bridgewater

State

NJ

Zip Code

08807-2329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

CARDIOVASCULAR RESEARCH

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: 4A30BBF8EB0D5281B55D

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Robert A. Shor, M.D., F.A.

Mailing Address 11211 Bright Pond Ln

City

Reston

State

VA

Zip Code

20194-1039

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cardiovascular Group,
PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	1

Transaction ID: 9891939CA877BC07B85

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Narendra Singh, M.D., F.A.

Mailing Address 6350 Haddington Ln

City

Johns Creek

State

GA

Zip Code

30024-5304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlanta Heart Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	1	1

Transaction ID: 4C82B7686591FCA6709F

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)

691.66

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Alfred W. H. Stanley, Jr., M.D.,

Mailing Address 4401 Fredericksburg Dr
Acc, Suite 415

City	State	Zip Code
Mountain Brk	AL	35213-1819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	1

Transaction ID: 6469E8C7A4C48E10BEE

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Lynn Swisher, M.D., F.A.

Mailing Address 111 Highgate Pl

City	State	Zip Code
Ithaca	NY	14850-1431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ithaca Cardiology AssocOccupation
CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	1

Transaction ID: B3984AC6EB1BC3A5569

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Peter L. Tilkemeier, M.D., F.A.

Mailing Address 49 Farm Dr

City	State	Zip Code
Cumberland	RI	02864-3521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warren Alpert Medical School of BrownOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	1

Transaction ID: 32C926CE82181A5A6C9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Salvador S. Velazquez, M.D., F.A.

Mailing Address 3 Bear Creek Dr
Cardiology Department

City State Zip Code
New Orleans LA 70131-3360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ochsner Medical -Baton Ro-
uge

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 557585D40BC2242F0F6

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Juan Villafane, M.D., F.A.

Mailing Address 1400 Willow Ave
1205

City State Zip Code
Louisville KY 40204-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PEDIATRICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 4E698A0520F9386884A7

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Thad F. Waites, M.D., F.A.

Mailing Address 1017 Richburg Rd

City State Zip Code
Hattiesburg MS 39402-9055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Heart Center

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 406DAE84119B38721D1D

Amount of Each Receipt this Period

91.00

SUBTOTAL of Receipts This Page (optional)

539.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Howard T. Walpole, Jr., M.D.,

Mailing Address 31 Northumberland

City

Nashville

State

TN

Zip Code

37215-4123

FEC ID number of contributing
federal political committee.**C**Name of Employer
Saint Thomas Health Servi-
ces

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	1

Transaction ID: 45CE8F59C84393987A34

Amount of Each Receipt this Period

416.67

B.

Full Name (Last, First, Middle Initial)

Mary Norine Walsh, M.D., F.A.

Mailing Address 428 W 83rd Pl

City

Indianapolis

State

IN

Zip Code

46260-4905

FEC ID number of contributing
federal political committee.**C**Name of Employer
St Vincent Heart Center
of Indiana

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	1	1

Transaction ID: 4417AB8C1E960F3EE06B

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michael C. Widmer, M.D., F.A.

Mailing Address 2753 NE Red Oak Dr

City

Bend

State

OR

Zip Code

97701-8348

FEC ID number of contributing
federal political committee.**C**Name of Employer
Heart Center Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: 4B2E81F4D24CEE21913B

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael J. Wolk, M.D., M.A.

Mailing Address 876 Park Ave

City

New York

State

NY

Zip Code

10075-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Cardiology Assoc-
iates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 1

Transaction ID: 407788ECEEF32B36AAC9

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Richard F. Wright, M.D., F.A.

Mailing Address 1038 S Carmelina Ave

City

Los Angeles

State

CA

Zip Code

90049-5810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 1

Transaction ID: 4A18BB488CD1A75BAC15

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Janet Fredal Wyman, MSN, NP, A

Mailing Address 960 Westchester Rd

City

Grosse Pointe Park

State

MI

Zip Code

48230-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Hospital

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: 41C4BCC4914E06DD729F

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

458.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Billy K. Yeh, M.D., Ph.D

Mailing Address 13145 Old Cutler Rd

City

Miami

State

FL

Zip Code

33156-7215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: 69497B46962FE2D2C76

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Nadim M. Zacca, M.D., F.A.

Mailing Address 6550 Fannin St
Ste 2229

City

Houston

State

TX

Zip Code

77030-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Smith Tower

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: 025D7C8F-F48A-4948-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert P. Zoller, M.D., F.A.

Mailing Address 2700 S Boston Ave

City

Tulsa

State

OK

Zip Code

74114-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: EEBC715E87F54F18E80

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

23281.56

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 34

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City

Richmond

State

VA

Zip Code

23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

7609.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	1

Transaction ID: 92A37042CAE727BE04A

Amount of Each Receipt this Period

2044.66

Reimbursement for April
Amex Fees and May Merchant
Fees

SUBTOTAL of Receipts This Page (optional)

2044.66

TOTAL This Period (last page this line number only)

2044.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
PhoenixState
AZZip Code
85072-3852Purpose of Disbursement
May 2011 Amex Fees

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V243FC79A14A3D952652

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Amount of Each Disbursement this Period

186.42

B.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman HwyCity
KnoxvilleState
TNZip Code
37920Purpose of Disbursement
May 2011 Merchant Fees

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: MD1B28BC447F7C704F8A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	1

Amount of Each Disbursement this Period

1529.17

SUBTOTAL of Disbursements This Page (optional)

1715.59

TOTAL This Period (last page this line number only)

1715.59

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Burgess for Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement
2012 Primary

Candidate Name
Michael Clifton Burgess

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: 3EA6D667683AF94B8AF

Date of Disbursement

05 / 12 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
2011 Contribution

Candidate Name
National Republican Senatorial Committee

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: A3CDC487A341523248E

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)

17500.00

TOTAL This Period (last page this line number only)

17500.00